

October 25, 2000

INTRODUCTION OF LEGISLATION
TO RENAME "MEDICARE-
+CHOICE" AS "MEDICARE-NO-
CHOICE"

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 25, 2000

Mr. STARK. Mr. Speaker, sometimes a lie is repeated so often, that people forget what a falsehood it is.

For years, people who want to privatize Medicare have been saying that joining a managed care plan—an HMO—will give seniors more choice. In 1997, they even renamed the whole HMO program, "Medicare+Choice," pronounced Medicare Plus Choice.

What a lie.

In traditional, fee-for-service Medicare, you have total freedom of choice. One of my constituents in Medicare from Fremont, California can decide to go to Baltimore's Johns Hopkins, which US News consistently rates as the Nation's best hospital, and Medicare will pay.

But when you join a Medicare+Choice HMO, all of a sudden you are limited in the hospitals you can go to and the doctors you can see that the HMO and Medicare will pay for.

So Medicare+Choice really isn't "more choice." More HMOs simply mean "more choices of plans that limit your choice of doctors and hospitals."

Therefore, let's be honest: to stop the lie and make it clear what managed care is all about, I am today introducing a bill that says, in its entirety,

Strike the words 'Medicare+Choice' wherever it appears in the law, and substitute the words 'Medicare-No-Choice'.

This name change may seem like a silly idea at first blush, but there is a good reason for it. The current name gives the impression that you are getting more than you would in traditional Medicare. All too often, that is not the case. The reality is that seniors are being duped by HMOs each and every day into joining plans that offer the world and then take most of those benefits away year by year—if they even remain in the program at all.

"Medicare-No-Choice"—this name change would give Medicare beneficiaries pause and might cause them to look at the details of the plan more than is currently the case. And, Mr. Speaker, that is not a silly change at all.

PERSONAL EXPLANATION

HON. MARK GREEN

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 25, 2000

Mr. GREEN of Wisconsin. Mr. Speaker, I was not able to vote on the following measures yesterday.

On roll No. 541—H. Res. 634 (Rule on H.R. 4656), if I had been present, I would have voted "yea."

On roll No. 542—H. Con. Res. 414 (Regarding establishment of representative government in Afghanistan), if I had been present, I would have voted "yea."

EXTENSIONS OF REMARKS

On roll No. 543—H.R. 4271—National Science Education Act, if I had been present, I would have voted "yea."

HAIL THE VETERAN

HON. MICHAEL BILIRAKIS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 25, 2000

Mr. BILIRAKIS. Mr. Speaker, as Veterans' Day approaches, I wanted to share a poem which was written by one of my constituents, Charlie Reese, with my colleagues.

Hail the Veteran—whose noble deeds,
Nurtured Liberty's growing seeds,
Soldier, Sailor, airman, grunt,
Who held this Nation's battle fronts.

These selfless people who paid the price,
With years or life in sacrifice.

In war or peace they joined the ranks.

Hail the Veteran—and give them thanks.

Hail the Veteran—whose heroic duty,
Helped preserve this Nation's beauty,
Who came to their great country's aid,
With dedication that will never fade.

In barracks or bulwarks, on sea or soil,
Our freedom protected because of their toil.
The campaigns and marches and endless drills—

Hail the Veteran—for their mighty will.

Who through the years answered the call,

Who soared and swam and stood and crawled.

Who in our history shall ever stand tall,

Hail the Veteran—they gave their all.

PROVIDING FOR CONCURRENCE BY HOUSE WITH AMENDMENT IN SENATE AMENDMENT TO H.R. 4868, TARIFF SUSPENSION AND TRADE ACT OF 2000

SPEECH OF

HON. FRANK R. WOLF

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 24, 2000

Mr. WOLF. Madam Speaker, I am disappointed that a section of H.R. 4868 may ease the process in which gum arabic from Sudan may be imported into the United States.

The President imposed comprehensive sanctions against Sudan because of its horrible human rights record, sponsorship of terrorism, and implication in the assassination attempt on Egyptian President Hosni Mubarak, under Executive Order 13067, on November 3, 1997.

With the events of the past few weeks, including the bombing of the U.S.S. *Cole*, this Congress should not be weakening or adjusting the sanctions in place on Sudan. We have reports that Osama bin Laden has been involved in and may still have a role in the gum arabic industry in Sudan. It has also been reported that bin Laden could be a prime suspect in masterminding the bombing of the U.S.S. *Cole*. We do know that he has been implicated in the attacks on two U.S. embassies in Africa.

In short, this is a horrible time for Congress and for the Administration to weaken our resolve on sanctions against Sudan.

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LACK OF HEALTH INSURANCE
BANKRUPTS MILLIONS OF AMER-
ICANS

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 25, 2000

Mr. STARK. Mr. Speaker, the record of the 106th Congress on major health care policy issues—Medicare prescription drug coverage, managed care reform, and extension of coverage to the 44 million Americans who lack it—is appalling. Our failure to enact legislation that provides baseline coverage for all of our citizens is not simply that emergency rooms are overcrowded and public health clinics are overflowing. Our lack of a guaranteed health care safety net indirectly plunges millions into bankruptcy and financial ruin who, once sick, cannot afford to pay for their high medical treatment costs out-of-pocket.

This piercing fact is highlighted in a column that was published in the Philadelphia Inquirer on Oct. 8. Health care economist Uwe Reinhardt points out the fallacy of self-reliance when it comes to health insurance. I submit the following article in the CONGRESSIONAL RECORD.

[From the Philadelphia Inquirer, Oct. 8, 2000]

ISSUE NO. 1: HEALTH-CARE SYSTEM WANTED

(By Uwe Reinhardt)

Several years ago, in a fit of compassion, New York Mayor Rudy Giuliani appointed former Republican Mayor John Lindsay to two no-show municipal jobs, solely to provide the latter with city-financed insurance coverage for health care not covered by Medicare. Lindsay, after several strokes and with Parkinson's disease, was facing out-of-pocket outlays for health care that had begun to strain his finances.

Millions of fellow Americans share Lindsay's predicament. The most recent estimate by the U.S. Bureau of the Census revealed that about 42 million Americans find themselves without any health insurance coverage for at least part of the year. Almost half the uninsured at any time have been uninsured for more than two years. Many millions more, including Medicare beneficiaries like John Lindsay, have shallow insurance coverage.

To be sure, most of the uninsured probably are relatively healthy. When they do fall seriously ill, they usually receive critically needed care at nearby hospitals. Ultimately, the hospital tries to recover the cost of its "charity care" from insured patients, but only after first hounding the uninsured themselves for payment, often with the help of tough collection agencies. According to survey research by Harvard law professor Elizabeth Warren, medical bills now are the second most frequently cited reason for the bankruptcy of American families, right behind "job loss" and ahead of "divorce."

Political leaders in any other industrialized nation would think it unacceptable that a nation would think it unacceptable to force families, stricken by serious illness, to face the added prospect of bankruptcy. Not so with this nation's policy-making elite. To illustrate, in their first debate, neither presidential candidate addressed the problem on his own. And moderator Jim Lehrer saw no reason to accord the issue an explicit question. Perhaps all of them surmised that, in

these times of economic bounty, their audience would have little interest in the acute distress of a misfortunate few.

Alas, the economy may not always remain bountiful. If it doesn't, American consumers, feeling poorer, might tighten their belts, thereby triggering a consumption-led recession. With a recession would come layoffs, and with them a loss of employment-based health insurance. The middle class might then be reminded once more that it lacks what families in all other industrialized nations enjoy; universal, permanent protection against the financial consequences of illness.

Universal coverage could easily be provided in this country, if only the nation's political elite were willing to do three things. First, there must be a mandate on every individual to have at least catastrophic health insurance. Second, between \$60 billion and \$100 billion a year would have to be appropriated to subsidize the health insurance of low-income families. Third, government regulation would have to ensure an efficient market for individually purchased health insurance. That insurance could be private or, should private insurance fail to meet social needs, public (e.g., Medicaid and Medicare). The shelves of the nation's think tanks bend under the weight of ready-to-go proposals that could achieve both objectives.

Opponents of such measures are fond of reminding us of this nation's "rugged individualism" and its tradition of "self-reliance." For the most part, it is empty talk. Most corporate executives, for example, enjoy comprehensive, tax-sheltered "social insurance" paid for by their corporations, literally until these executives' last day on earth. Furthermore, the plight of former Mayor Lindsay stands as a stark warning to all would-be rugged individualists who believe that self-reliance is the proper solution to this nation's health-care woes. In the end, even he could not be protected by our nation's brittle private health-insurance system. He was saved by what is otherwise derided as "a complete government takeover" of his health-care needs.

A common lament is that the typical college student today insists on doing well by doing good. Too few of them are said to heed President John Kennedy's eloquent exhortation to self-sacrifice: "Ask not what your country can do for you—ask what you can do for your country." But why would any American youngster seek to lay out for a country that thinks nothing of letting its citizens slide into the undignified status of health-care beggars, and into financial destitution, simply because serious illness struck? America's allegedly selfish young have read their country's soul and are acting accordingly.

AMERICAN HOMEOWNERSHIP AND ECONOMIC OPPORTUNITY ACT OF 2000

SPEECH OF

HON. MARK GREEN

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 24, 2000

Mr. GREEN of Wisconsin. Mr. Speaker, I am pleased that the House today considered S. 1452, the Manufactured Housing Improvement Act, and I would like to thank Housing Subcommittee Chairman RICK LAZIO for all of his efforts to open homeownership opportunities to so many American families.

This bill encompasses many important provisions from H.R. 1776, the homeownership bill that passed the House overwhelmingly earlier this year. It also includes important provisions to preserve affordable housing for seniors, and other low-income and working families.

I would like to mention two provisions that I introduced (H.R. 2860 and H.R. 2931) which were included in H.R. 1776, and now S. 1452.

The first would create a pilot program to assist law enforcement officers purchase homes in locally designated "at risk" areas. The proposal would allow law enforcement officers to purchase homes with no downpayment. They must use the property as their primary residence for at least 3 years, and have 6 months of service. It is modeled after a pilot program that was conducted in Wisconsin. The Milwaukee pilot was successful because it offered a "no downpayment option." Seventy-five percent of those who participated in the program said they did so because of the no downpayment requirement.

This proposal will not only provide homeownership opportunities for law enforcement officers who might otherwise not have the money for a downpayment on a home, but will also deter crime. Criminals will be far less likely to commit an act of violence if they know a police officer lives right next door. Finally, this gives control to local officials, allowing mayors to designate the areas they believe need the most protection.

My second provision expands on the Section 8 homeownership rule to make it more accessible to persons with disabilities. This provision provides incentives for employment and homeownership for the most underserved group of homeowners in the country. Nationally unemployment rates among the disabled of working age exceed 70 percent and homeownership rates at less than 5 percent.

Two of the biggest barriers to homeownership for persons with disabilities are affordability and accessibility. It costs \$20–\$40 thousand to customize a home for some disabled individuals. This pilot program addresses these problems by allowing disabled families making up to 100 percent of the area median income to qualify to use their Section 8 voucher for homeownership. The benefit may continue for the entire term of the mortgage provided they remain eligible for such assistance. It also requires one or more members of the family to have achieved employment and participation in a homeownership counseling program.

While I am very pleased with the outcome of the negotiations on S. 1452, I am concerned at the omission of one provision in particular. Section 102 of H.R. 1776 requires the federal government to perform a housing impact analysis before it issues new regulations. This important provision would give the private sector an opportunity to see the impacts on housing before a rule is implemented. Hopefully, this would result in less costly regulations that impede homeownership. While it was omitted from the final version we considered today, I am hopeful we can come back to this next year and pass it into law.

S. 1452 will help so many Americans achieve the dream of homeownership. I am pleased at the House's actions, and am hope-

ful that the other body will quickly take up and pass this extremely important legislation.

PERSONAL EXPLANATION

HON. MICHAEL BILIRAKIS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 25, 2000

Mr. BILIRAKIS. Mr. Speaker, on October 24, 2000, I missed rollcall votes 541, 542 and 543. Had I been present, I would have voted "aye" on all three votes.

HONORING DR. ROBIN BEACH

HON. SCOTT MCINNIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 25, 2000

Mr. MCINNIS. Mr. Speaker, I would like to take this moment to recognize a remarkable member of the medical community, Dr. Robin Beach. Her contributions to the citizens of Colorado are immeasurable and deserve the recognition of this body. I would at this time like to pay tribute to a truly inspirational and compassionate human being.

Robin began her distinguished career in medicine with an education almost as impressive as her work in medicine. She received her undergraduate degree in Zoology from Duke University graduating with distinction. Robin then went on to receive her M.D. from Duke and her M.P.H. from the University of California at Berkeley. This impressive educational background easily prepared her to become the expert in Pediatrics she is today.

Robin's illustrious career in pediatrics began at the University of Colorado Medical Center where she completed her residency. She then went on to work for the University Health Services in Boulder, Colorado where she served as Chief of Staff and Chief of the Medical Services. Her expert knowledge of medicine along with her natural ability to lead has propelled her into leadership roles for many different organizations within the medical community. She has served the Denver Health Authority in the capacities, of assistant director of Community Health Services, and Director of the Westside Medical Center, the Adolescent Ambulatory Services, and the Westside Teen Clinic.

Robin's career has been one of great distinction and has been full of many immeasurable contributions to her community. But it is her recent academic appointment that may rank above all when it comes to her accomplishments. She is now able to utilize her advanced knowledge of pediatric medicine to educate future doctors. She is currently a professor of Pediatrics and Adolescent Medicine at the University of Colorado Health Sciences Center. In addition to this great honor she has also received a number of awards for her work in the medical community, the Kathleen Ann Mullen Memorial Award and the Adele Dellenbaugh Hofmann Award both for her work with adolescent medicine.